



**LONE STAR
ALLIANCE**
A RISK RETENTION GROUP

POLICY NUMBER 4-453668

Renewal ☒ New Policy ☐

Agent – USI/HLS

DECLARATIONS PAGE
Professional Liability Insurance Policy
Occurrence

NAMED INSURED: (including mailing address)

Valitas Health Services, Inc.
103 Powell Court
Brentwood, TN 37027

NAMED INSURED IS A(N): **Group**
NOTICE: THIS POLICY IS ISSUED BY YOUR
RISK RETENTION GROUP

Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

POLICY PERIOD:

Effective Date:

01/01/2018

Expiration Date:

01/01/2019

Beginning and ending at 12:01 a.m.

SPECIALTY:

See Schedule of Insureds

TOTAL PREMIUM:



LIMITS OF LIABILITY:

TOTAL POLICY AGGREGATE LIMIT	\$24,000,000
AGGREGATE SELF-INSURED RETENTION*	\$20,000,000
MEDICAL GROUP PROFESSIONAL LIABILITY:	
Each Medical Incident – Each Physician Insured Limit	\$1,000,000
Each Medical Incident – All Other Non-Physician Insureds Combined Limit	\$1,000,000
Each Medical Incident Aggregate – All Insureds Combined Limit**	\$2,000,000
Each Physician Insured Aggregate Limit	\$3,000,000
Each Medical Incident – Physician Insured Self-Insured Retention	\$1,000,000
Each Medical Incident – All Other Non-Physician Insureds Combined Self-Insured Retention	\$1,000,000
Each Medical Incident Aggregate – All Insureds Combined Self-Insured Retention**	\$2,000,000
Each Physician Insured Aggregate Self-Insured Retention	\$3,000,000
<p>*The Aggregate Self-Insured Retention reduces the Total Policy Aggregate Limit. The Aggregate Self-Insured Retention is reduced by damages only, not Defense Costs. Defense Cost are paid directly by the First Named Insured and do not erode the Limits of Insurance or the Self-Insured Retention. Thus, the maximum total amount payable as damages by Lone Star Alliance, Inc. is \$4,000,000.</p> <p>** The Each Medical Incident Aggregate – All Insureds Combined Limit and Self-Insured Retention apply regardless of the number of Insured defendants involved or named in a medical incident.</p>	

This Declarations Page, along with the coverage forms and *endorsements* attached, completes the above numbered policy and is part of and subject to all terms, conditions and exclusions of the above numbered policy and any *endorsements* issued by the Corporation to the *Named Insured*.

Issue Date: **12/27/2017**

Countersigned by:



Authorized Representative of
Lone Star Alliance Inc., A Risk Retention Group

AM

ph 844 595 8866
www.lonestara.com

P.O. Box 160140
Austin, Texas 78716-0140